

## **MEMO**

**DATE:** January 27, 2006  
**TO:** North Dakota Prevention Partnership Providers  
**FROM:** Molly Sander, Immunization Surveillance Coordinator  
**RE:** Prevention Partnership Re-Enrollment/2006 Prevention Partnership Manual  
Mandatory Reporting for All Providers

Annually, all providers enrolled in the Prevention Partnership program are required to renew their enrollment in the North Dakota Department of Health's (NDDoH) Prevention Partnership program. Copies of the Provider Enrollment and Provider Profile forms as well as the updated version of the Prevention Partnership program manual have been enclosed. Also enclosed you will find updated copies of forms that the North Dakota Immunization Program has developed. We hope these forms will help make process easier.

Please complete and return the originals of both the Provider Enrollment and Provider Profile forms to the NDDoH by **March 1, 2006.**

The Immunization Program is asking all Prevention Partnership providers for their current e-mail address. E-mail will be used to inform providers of new recommendations in the ever-changing world of immunizations. If your facility does not have e-mail capabilities please indicate so on the forms.

Please take note of the green information sheet regarding **mandatory** vaccine accountability reporting requirements for all providers. They are detailed in the Prevention Partnership manual.

Please note the following instructions pertaining to each form.

### **PROVIDER ENROLLMENT FORM**

**The chief physician or medical director who signs standing orders for immunizations is required to sign the Provider Enrollment form.** All other persons with prescription writing authority who administer state supplied vaccine must be listed on the reverse side of the Provider Enrollment form. If provider information changes (i.e., new providers or providers leave the practice), it must be reported to the NDDoH Immunization Program as soon as possible.

### **PROVIDER PROFILE FORM**

Please indicate any changes in the contact person's name, address changes, or any special delivery instructions using the Provider Profile Form. Please complete the section "Provider Estimates" as accurately as possible. **Do not over estimate your client population.**

If you have any questions please contact Heather Weaver or Molly Sander at the NDDoH Immunization Program at (701) 328.2378 or 1.800.472.2180. You may also contact us by e-mail at [hweaver@state.nd.us](mailto:hweaver@state.nd.us) or [msander@state.nd.us](mailto:msander@state.nd.us).

Thank you for your continuing participation in this important program.

**Enclosures**

# The Prevention Partnership



**Physicians and Public Health  
Working Together**



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

**Division of Disease Control  
Immunization Program**

Revised January 2006

# **The Prevention Partnership Program**

## **Introduction**

The Prevention Partnership is a program sponsored by the North Dakota Department of Health (NDDoH) that began October 1, 1994. Intended to help raise immunization levels of both children and adults in North Dakota, the Prevention Partnership is a working agreement between the NDDoH and both public and private providers. The Prevention Partnership helps achieve this objective by removing vaccine cost as a barrier to immunization.

Under this program, the NDDoH provides free vaccine to enrolled providers. Providers may then immunize North Dakota residents in accordance with the eligibility criteria set forth by the NDDoH. **See enclosures for the current Vaccine Coverage Table.**

The Prevention Partnership program is an expansion of the Vaccines for Children (VFC) program, created by the Omnibus Budget Reconciliation Act of 1993. VFC offers free vaccine only to individuals, younger than 18 years, who are Medicaid enrolled, American Indian or Alaskan Native, without health insurance, or underinsured. An underinsured child is one whose health insurance benefit plan does not include vaccinations. Underinsured children are eligible to receive VFC vaccine only at a federally qualified health center (FQHC) or rural health clinic (RHC). **See enclosures for a list of FQHCs and RHCs.**

## **NDDoH Responsibilities**

1. The NDDoH will provide the following vaccines to enrolled providers for administration to eligible children 18 years of age or younger:
  - IPV (inactivated polio)
  - DTaP (diphtheria-tetanus-acellular pertussis)
  - Hib (*Haemophilus influenzae* type b)
  - DTaP, Hep B, and IPV combination (Pediarix)
  - Meningococcal conjugate vaccine (Menactra):
  - MMR (measles-mumps-rubella)
  - MMRV (measles-mumps-rubella-varicella)
  - Hep B (hepatitis B)
  - Tdap (tetanus-diphtheria-pertussis):
  - Varicella (chickenpox)
  - Hep A (hepatitis A)
  - Pneumococcal-conjugate (PCV 7) is available for all children between 6 weeks to 59 months of age.
  - Pneumococcal and influenza vaccines will be provided to children 18 years of age and younger who are at increased risk for pneumococcal or influenza disease.

- Other vaccines may become available if funding, FDA approval, and CDC purchase contracts occur. All vaccine availability is subject to change based on funding and supply.
2. The NDDoH will provide MMR to all North Dakota college students as necessary to comply with the immunization policy set forth by the North Dakota Board of Higher Education.
  3. The NDDoH will provide pneumococcal polysaccharide vaccine (PPV23) for adults, ages 50 through 64 who are at increased risk for developing pneumococcal disease, as defined by the ACIP.
  4. Pneumococcal-polysaccharide vaccine (PPV23) is available for adults 65 and older not enrolled in Medicare.
  5. The NDDoH will provide technical assistance regarding immunization dosage, administration protocols, and storage and handling issues, as well as conduct provider site visits.
  6. The NDDoH will provide the following immunization materials:
 

<ul style="list-style-type: none"> <li>• <i>Annual Vaccine Coverage Table</i></li> <li>• <i>Doses Administered Reports</i></li> <li>• <i>Certificate of Immunization forms</i></li> <li>• <i>Guidelines for Spacing Immunobiologics</i></li> <li>• <i>Guidelines to Contraindications booklet</i></li> <li>• <i>Information on State Immunization Law</i></li> <li>• <i>Miscellaneous information: brochures, posters, stickers, etc.</i></li> <li>• <i>Official Document of Immunization cards</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Recommended Immunization Schedule</i></li> <li>• <i>Request for Vaccine/Materials forms</i></li> <li>• <i>Temperature Recording Charts</i></li> <li>• <i>Transfer reports</i></li> <li>• <i>Vaccine Administration Records</i></li> <li>• <i>Vaccine Adverse Event Systems report</i></li> <li>• <i>Vaccine Information Sheet forms</i></li> <li>• <i>Vaccine Management Plan</i></li> <li>• <i>VFC screening forms</i></li> <li>• <i>Wastage forms</i></li> </ul>
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For additional information please contact the Immunization Program at 1.800.472.2180 or 701.328.3386.

### **Provider Enrollment Responsibilities**

1. The provider is obligated to complete, sign and return the enclosed forms to the NDDoH.
2. The Provider Enrollment Form, which details provider eligibility requirements for participation in the Prevention Partnership, specifically requires providers to:

- Screen the parent or guardian to determine if the child is (1) 18 years of age or younger, (2) a North Dakota resident, and (3) eligible to receive vaccine according to the criteria established by the NDDoH (through the “Vaccine Coverage Table” distributed annually to all providers).
- Screen the parent or guardian to determine if the child is VFC eligible. These include children who are 18 years of age or younger and are Medicaid enrolled, American Indian or Alaskan Native, without health insurance, or underinsured. An underinsured child is one whose health insurance benefit plan does not include vaccinations. Underinsured children are eligible to receive VFC vaccine only at a Federally Qualified Health Center (FQHC) or a rural health clinic (RHC).
- Document VFC eligibility as defined above on either the Vaccine Administration Record (VAR) or on the Patient Eligibility Screening Record. **See enclosures for a copy of the Patient Eligibility Screening Record.**
- Maintain parent/guardian responses on the Patient Eligibility Screening Record form or the VAR for a period of three years. Release of such records is bound by the privacy protection of the federal Medicaid law.
- Upon request, such records will be made available to the North Dakota Department of Health or the U.S. Department of Health and Human Services.
- Screen adults who are 50 through 64 years of age to determine if they are at increased risk for developing pneumococcal disease.
- Maintain records on all individuals immunized through the Prevention Partnership Program in accordance with the National Childhood Vaccine Injury Act.
- Follow the recommended immunization schedule as established by the ACIP, the “Recommended Childhood Immunization Schedule”, and state law. (Individual medical judgment may be exercised.) **See enclosures for a copy of the current Recommended Childhood Immunization Schedule.**
- Provide Vaccine Information Statements (VIS) to patients or parents in accordance with the National Childhood Vaccination Injury act. **See enclosures for a VIS fact sheet.**
- Provide Prevention Partnership-supplied vaccine at no charge to the client.
- Request a fee for administration that is not higher than the fee cap established by the North Dakota Department of Human Services. As of January 1, 2006, the fee for vaccine administration remains at \$8.
- Provide immunization services even if the administrative fee cannot be paid.

- Report adverse events following vaccination on Vaccine Adverse Event Reporting System (VAERS) forms and send them to the NDDoH. VAERS must be maintained in the patient's permanent medical record for 10 years. **See enclosures for a VAERS form.**
3. The provider will allow NDDoH staff to conduct site visits for review of vaccine administration procedures, vaccine storage procedures and coverage level assessments.
  4. The provider will monitor refrigerator temperatures twice daily and keep a log of the temperatures. A copy of the logs must be sent to the ND Immunization Program monthly. The logs must be kept by the provider for a minimum of three years. **See enclosures for a sample temperature log.**
  5. The provider will send a doses administered and inventory report monthly to the ND Immunization Program. Providers will only be allowed to order vaccine once per month. The doses administered and inventory report must be included with each order form. Providers will no longer be able to order vaccine over the telephone. Orders will be accepted from mail, fax, or on-line at [www.health.state.nd.us/disease/Immunization/Default.htm](http://www.health.state.nd.us/disease/Immunization/Default.htm). **See enclosures for a Doses Administered and Inventory Report.**
  6. The provider will provide documentation of vaccinations given. The North Dakota Department of Health mandates that all providers provide record of immunizations through the North Dakota Immunization Information System (NDIIS) or through paper copies sent the Immunization Program. **The North Dakota Department of Health strongly encourages use of NDIIS.** Please contact the Immunization Program if training is needed.
  7. The provider agrees that if the provider received more than \$500,000 either directly or indirectly from all federal sources, and is subject to the provisions of the Single Audit Act Amendments of 1996 (P.L.104-156), the provider will submit a copy of the A133 audit upon its completion to the Department of Health. Organizations receiving less than \$500,000 must have records available for review upon request of the Department of Health or Federal agency.

### **Medicaid Enrolled Providers**

Effective October 1, 1994, the North Dakota Department of Human Services established a reimbursement fee of \$8 per injection for immunizations administered through the Prevention Partnership program. Further, providers are required to revise coding when submitting claims for administration of vaccines provided by the state. For immunizations covered under the Prevention Partnership program, physicians, clinics, and local public health units must use the modifier "XV", with the appropriate CPT code for the immunization administered. The current CPT code will include the administration fee.

For further information, please contact Provider Services at 1.800.755.2604



**North Dakota Department of Health  
Prevention Partnership Program**

**Provider Enrollment Form**

**Centers for Disease Control and Prevention**

**Grant Number H23/CCH822552-01-1**

**Immunization and Vaccines for Children Grant**

**CFDA No. 93.268**

**Immunization Grants**

**Budget Period 2006**

**Provider I.D. Number**

**Physician/Provider Name:** \_\_\_\_\_

Last Name

First Name

MI

**Facility/Clinic Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

To participate in the Prevention Partnership program and receive state and federally procured vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which I am the physician-in-chief or equivalent:

1. I will screen patients and administer Prevention Partnership program-purchased vaccine only to children (18 years of age and younger) who are North Dakota residents. Out-of-state VFC eligible children may receive vaccinations in North Dakota provided they are screened and documentation of the screening is available.
2. I will screen patients to determine if they are VFC (Vaccine for Children) eligible using the following categories: (a) is an American Indian or Alaskan Native, (b) is on Medicaid (or qualified through a State Medicaid waiver), (c) has no health insurance, or (d) has health insurance that does not pay for the vaccine (only applicable to FQHC or RHC). I will document this information on the Vaccine Administration Record (VAR) or on the Patient Eligibility Screening Form.
3. I will screen and administer Prevention Partnership program-purchased pneumococcal vaccine only to adults ages 50 through 64 who are at increased risk for pneumococcal disease.
4. I will administer Prevention Partnership vaccines only to children and adults who meet eligibility criterion for each vaccine, as set by the North Dakota Department of Health (based on vaccine coverage table).
5. I will comply with the appropriate immunization schedule, dosage, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP), unless (a) in my medical judgement, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate; or (b) the particular requirement contradicts the law in my state pertaining to religious and other exemptions.
6. I will distribute current Vaccine Information Statements and maintain records in accordance with the National Childhood Vaccine Injury Act.
7. I will maintain parent/guardian responses on the Patient Eligibility Screening Record form for a period of three years. Release of such records will be bound by the privacy protection of the federal Medicaid law.
8. If requested, I will make such records available to the North Dakota Department of Health or the U.S. Department of Health and Human Services.
9. I will allow NDDoH staff to conduct site visits for review of vaccine administration procedures, vaccine storage procedures and coverage level assessments.
10. I will **not** impose a charge for the cost of the vaccine.
11. I will not impose a charge for the administration of the vaccine that is higher than the maximum fee established by the North Dakota Department of Human Services. As of August 2004, the fee for vaccine administration remains at \$8.
12. I will not deny administration of a federally procured vaccine to a child because the child's parent/guardian/individual of record is unable to pay the administration fee.
13. I will comply with the state's requirements for ordering, administering and returning all public purchased vaccines.
14. I will comply with the state's requirements for documentation and reporting of state-supplied vaccines given.
15. I will monitor vaccine temperatures and log temperatures twice daily. I will keep the temperature logs for a minimum of 3 years.
16. The provider agrees that if the provider received more than \$500,000 either directly or indirectly from all federal sources, and is subject to the provisions of the Single Audit Act Amendments of 1996 (P.L.104-156), the provider will submit a copy of the A133 audit upon its completion to the Department of Health. Organizations receiving less than \$500,000 must have records available for review upon request of the Department of Health or Federal agency.
17. The state may terminate this agreement at any time for failure to comply with these requirements, or I may terminate this agreement at any time for any reason.

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

This record is to be submitted and kept on file at the North Dakota Department of Health Immunization Program and must be updated in accordance with state policy.

# Provider Enrollment

## Additional Providers Within the Practice

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**For State use only:**

Immunization Program Representative:	Date Certified for Prevention Partnership:
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